

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 1 9

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/1/02

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.120(d)

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 238,841 savings

b. FFY 2004 \$ n/a

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, page 3b (02-19)

Att. 3.1-A, page 3d (02-19)

Att. 3.1-A, page 5 (02-19)

Att. 3.1-A, page 5c (02-19)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Att. 3.1-A, page 3b (99-8A)

Att. 3.1-A, page 3d (01-03)

Att. 3.1-A, page 5 (95-15)

Att. 3.1-A, page 5c (01-11)

10. SUBJECT OF AMENDMENT:

Suspension of adult eyeglasses benefit

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Secretary of Administration

Catherine Benke

Sen. Kathleen C. Hoyt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

M. Jane Kitchel

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

9/27/02

16. RETURN TO:

Roxanne Doty
VT Dept. of PATH
103 South Main Street
Waterbury, VT 05671-1201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 27, 2002

18. DATE APPROVED:

December 23, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Margaret Leone

21. TYPED NAME:

Ronald Preston

22. TITLE: Acting

Associate Regional Administrator

23. REMARKS:

ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL CARE
RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED
PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS
DEFINED BY STATE LAW (continued)

b. Optometrists' Services

Vision care services are limited to the following (when provided by a
licensed physician or optometrist approved to participate in Medicaid):

- One complete visual analysis including refraction once every two
years per eligible beneficiary
- One interim diagnostic eye exam once every two years per eligible
beneficiary

ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL CARE
RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED
PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS
DEFINED BY STATE LAW (continued)

D. OTHER PRACTITIONERS' SERVICES

1. Behavioral Health Services:

The services of a licensed psychologist, licensed clinical social worker, licensed mental health counselor or licensed marriage and family therapist practicing independently are covered for psychotherapy.

No reimbursement for this state plan service is allowed if the beneficiary is an inpatient or outpatient of a general hospital, resident in a mental hospital or a patient concurrently receiving services at a community mental health clinic. Beneficiaries eligible for services through the Community Rehabilitation and Treatment Services under 1115 Waiver are ineligible for these state plan services.

2. Opticians' Services:

Opticians' services are limited to the repair of eyeglasses.

3. Nurse Practitioner Services:

Services are limited to those covered in the State Plan and as contained in protocols reviewed and accepted by the Vermont State Board of Nursing and the Vermont Board of Medical Practice.

4. High-Tech Nursing Services:

High-tech nursing services are nursing services furnished by licensed registered nurses and licensed practical nurses and are limited to technology-dependent beneficiaries who are receiving care through the Medicaid "High-Tech Program". All services must be prior authorized by the Medicaid Division.

5. Licensed Lay Midwife Services:

Services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Dentures.

☒ Provided ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Prosthetic devices.

☒ Provided ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Eyeglasses.

☒ Provided ☐ No limitations ☒ With limitations*
☐ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than provided elsewhere in the plan.

☒ Provided ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

ITEM 12. **PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES, AND
EYEGLASSES PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE
EYE OR BY AN OPTOMETRIST**

b. Dentures

Provided with no limitation, EPSDT only.

Provided with limitation, no partials or implants, for adults.

c. Prosthetic Devices

Prosthetic devices are covered only by prior authorization except for breast prostheses, trusses, and prosthetic socks which require only a physician's order.

Augmentative communication devices are covered for all beneficiaries when medically necessary, with prior authorization.

Wheelchairs are covered, with limitations.

d. Eyeglasses and Other Aids to Vision

Coverage of eyeglasses is limited to other aids to vision, such as closed circuit television, when prescribed by a physician skilled in the diseases of the eye or an optometrist, and when the beneficiary is legally blind, and when providing the aid to vision would foster independence by improving at least one activity of daily living (ADL or IADL).